

FRAMINGHAM PLANNING BOARD APPLICATION FOR PUBLIC WAY ACCESS PERMIT

☞INSTRUCTIONS TO OWNER/APPLICANT ®

Please complete this **entire** form and submit the **original** to the Planning Board. The application *must* be accompanied by the following:

- Twelve (12) copies of the application together with one original mylar, ten (10) full size copies of engineering plan and eight (8) halfsize, legible sets of the plans (with a bar scale) showing the proposed new access to a public way, proposed modification plan to an existing access to a public way, or the use of a new or existing access that generates a substantial increase in or impact on traffic on a public way (as provided under Town of Framingham By-Laws, Article VI, Section 8, Public Way Access Permit). Such plans may be provided in conjunction with a concurrent application before the Planning Board, and seventeen (17) copies of all supporting documents accompany the application.
- Evidence of compliance with the Massachusetts Environmental Policy Act by the Executive Office of Environmental Affairs of the Commonwealth, if determined to be necessary.
- The Treasurer's Certification that no municipal charges are outstanding (see page 2 of this form).
- An abutter's list certified by the Framingham Assessor.

When *all* information is submitted and deemed complete, the application will be date and time stamped by the Planning Board. *Incomplete applications will be not accepted by the Planning Board*.

Please read Article VI, Section 8, of the Town of Framingham By-Laws pertaining to Public Way Access Permit before completing this form (a copy of which is attached).

Please Note: All plans must contain a signature block for the Planning Board's endorsement which shall include five signature lines and a date line.

You or your duly authorized agent will be expected to appear before the Planning Board to answer any questions and/or submit such additional information as the Board may request in connection with this application. You are encouraged to attend the Planning Board meeting that will be scheduled to consider your application and your absence may result in a delay in its review or its disapproval.

Date of Application:	August	10, 200)9					
Owner's Name:	Town	of Fram:	ingham					
Owner's Address:	150	Concord	Street,	Framingham,	MA	01702		
		(Number	and Street, Tow	n or City, State, Zip Co	de)			
Owner's Phone Numb	er: 508-	-532-5400)					
Project Contact's Nam	ne (if differ	ent from abo	ve): _ Wil	liam Sedewit	Z			
Project Contact's Nam Project Contact's Phor	ne Number	: 508-53	32-6012					
Framingham Assessor						•	Precinct #	3

Abutters' List: A list of the names and mailing addresses for all abutters of the way to be affected by this Application must accompany this form for the purpose of public hearing notification. The abutters list shall be provided in the following format:

		State	Zip Code
(if applicable)			
Description of new access to a public way, proposed modification plan to an exuse of a new or existing access that generates a substantial increase in or impact additional pages as necessary): New 26 foot driveway	- 1		

		APPLICATION #: PWAP
APPLICATION FOR PUBLIC WAY ACCESS PERMIT(con't.)		
	fies that the information provided on the	e statement of the plan and this application is a
The Fee for the Review of this A B NOTE: You will be billed	Application: See attached sche for publication of required public noti	
to pay local taxes, fees, assessm objective of this By-Law, pleas that no such outstanding charge	and approvals in the event that an applicant the approvals in the event that an applicant the applicant the application of the	at has neglected er to satisfy the below to verify on. This
To	OWN TREASURER	
DA	TE OF SIGNATURE	
To be completed by	the Framingham Planning Board	
Date application received: Date Application distributed to other Boards/Depar Filing Fee of: Scheduled Hearing Date: Advertisement date(s): Affidavit of Notice submitted on: Decision:	Publication	

Date of Decision:

TOWN OF FRAMINGHAM TREASURER/COLLECTOR

Please provide our office with the following information: Address of Property Which is the Subject of this Application: Property Owner's Name: (As Appears on Assessor's Records) Property Owner's Address: (As Appears on Assessor's Records) Applicant's Name: (If same as Owner Write: SAME) Applicant's Address: (If same as Owner Write: SAME) Business(s) In Framingham Owned by Property Owner and/or Applicant: Telephone of Property Owner or Applicant: Name: _____ Phone Number:

Abutter Request

MEMORIAL BUILDING, 150 CONCORD STREET, TEL: (508) 620-4858 FAX: (508) 620-4857

	Date:				
Applicant name:					
Applicant address:					
Phone:					
• Subject property Address:					
• Map	Block	Lot			
• Radius: _					
Department/Board:					
Signature from requesting authority:					

- Fee \$45.00 to be paid at the Assessing Department
- Signed under the pains and penalties of perjury